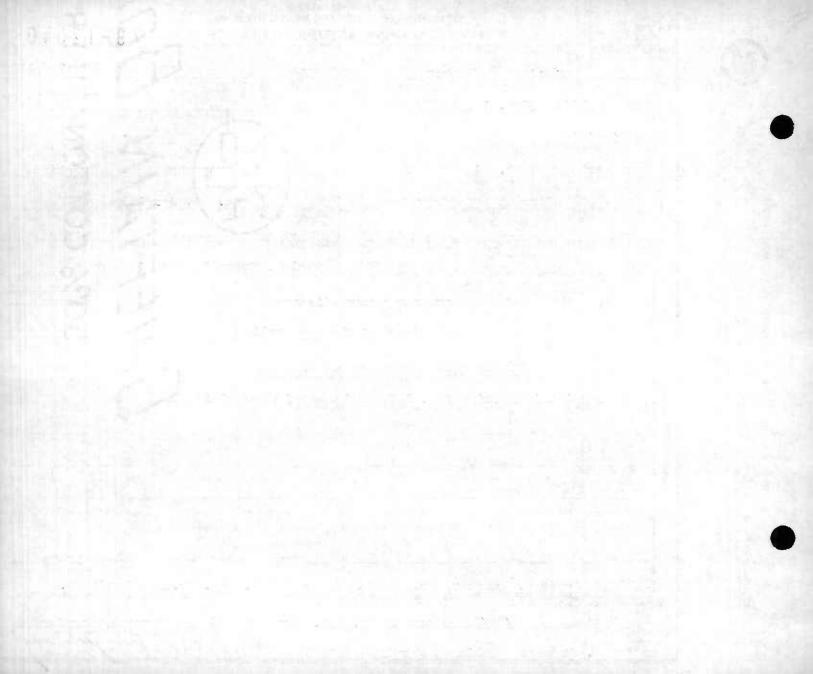
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



fer ferre 7 00 7 7 9t W W. T ch D.C. James Edward Clark Violet Rebecca Moore IIWW Oremation Arlington Wetional Fort Myer. Va Lee Funeral Home 300-4th St W.W. Wesh D.C. 20002

STATE OF MARYLAND FOR

9-17342 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME LAST 20. DATE OF DEATH 7b HOUR (TYPE OR PRINT) 1200 05-16-79 Gladys COSNER Roseanna 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. MACHITM DAY YEAR White March 13. 1903 Female 76 To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) West Virginia USA WIDOWED DIVORCED Garrett 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Oakland Garrett Co. Mem. Hospital Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136 COUNTY 137. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS W.Va. Grant Bayard YES K NO [P.O. Box 118 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST MIDDLE FIRST MIDDLE LAST Elizabeth Hawk Otto Sarah Sherman Weasenforth 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (INF YES, GIVE WAR OR DATES) No 235-14-1809B Mrs. Audrey Wilkins, See #13 above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (I) (this bospital) attended the deceased from sow the deceased alive on 1022 Coobove, (1) (se) (did) (do not) view the body after death

23b. DATE

5/19/79

211. LOCATION

CITY OF TOWN COUNTY

and that in (my) (gur) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE 22d. PHYSICIAN'S NAME (TYPE ORIPRINT)

burial

AT WORK

MEDICAL

22e. ADDRESS

MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN PHYSICIAN

23d. LOCATION

21550

Dr. Thomas Johnson 23a BURIAL, CREMATION, REMOVAL

Fourth Street, Oakland, Md. 23c. NAME OF CEMETERY OR CREMATORY

DEGREE

COUNTY

BP DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

ADDRESS

Bradley A. Stewart Oakland, Maryland 21550

Locust Grove Cemetery Mt. Storm, Grant West ya.

STATE

22c. DATE SIGNED

STATE

250. DATE RECID, BY RECIS TRAN 25W REGISTRAL

Md.

The part of the pa

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 2h HOLAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-25,0 79 1030 Frederick Douglas Demosev MONTH 2d HOUR 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH DATE Male LAST BIRTHDAY) PRONOUNCED CONTRACTO 8/11/1899 DEAD Black 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OF MARRIED X NEVER MARRIED FORFIGN COUNTRY) Garrett N.C. USA DIVORCED WIDOWED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS III. CITY OR TOWN OF DEATH OR INDUSTRY Cuppett-Weeks Nursing Home Oakland S Employee US Govt. 3. RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 136. COUNTY Wash D BALTIMORE, MD. 2120 1820 California St. N.W. YESK NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST Julia Angustus Dempsey

166. SOCIAL SECURITY NO. Moo re 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Frederick Dempsey sameas13e 080-09-3186A Yes WW I 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY Coronary artery disease A BURIAL TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. Years IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, generalized Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Cereberal vascular accident: Hypertension 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NOT BURIAL, YES 3 SHOULD BE DEPARTMENT BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 P 22a. I certify that back charge of the remains described above, held an utapsy Inspection and in my apinion Hamicide Undetermined manner death resulted from Natural causes ACTUAL MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. TYPE OF PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b, DATE Md. P.G. Harmony Memorial Landover 25a, DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-17 20M 1/73 24 FUNERAL CIREC (VR A15 ME (5)) Oakland. (nera)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 70 BIRTHPLACE (STAT | E OR FOREIGN | 76 CITIZEN OF WHAT COU | INTRY? B | | | | DEATH | |
| | | TIC A | | | | | | |
| | F DEATH | | | | | d 1 | 26 KIND O | F BUSINESS |
| Deer Pa | | (IF NOT IN SUCH FACILITY, GIV | E STREET ADDRESS) | | (TYPE OF WORK FOR MOST OF W | | NDUSTRY | . 500111200 |
| | | | | | Housewife | | Hom | e |
| 130. STATE | 13h COUN | TY 13c CITY O | RTOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| | Gar | rett Deer | Park | YES NO X | | 53-A | | |
| 14 FATHER'S NAME | ٨ | AIDDLE LA | ST | | | | LAS | , |
| Israe. | | | | | | , | Weime | |
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| | | | | Paul S. Harv | еу, вее #13 | above | APPROXI | WATE INTERVA |
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| 0 | | | | | | | | |
| M 190 DATE OF OF | PERATION | 196 CONDITION FOR V | WHICH OPERATIO | N WAS PERFORMED | | Ob. IF YES, WE | | |
| <u><u><u> </u></u></u> | | | | | | N CERTIFYING | | OF DEATH? |
| 21n ACCIDENT W | AS UNDERLYING | 216 TIME OF INJURY | | 21r HOW IN ILIPY OCCUPE | | | | 140 |
| DECEASED NAME FREST MODIE LAST The DATE OF DEATH FREST THE DATE OF DEATH THE DATE OF THE D | TILM ID, FANT I | ON PANT 2) | | | | | | |
| ▼ /IE EITHED SIGNAL | EVA Lena HARVEY Female | | 29% | | | | | |
| Deer Park USUAL RESIDENCE (IF NU 130. STATE Md. 4 FATHER'S NAME FIRST ISTACE 160 WAS DECEASED EVE (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEA PART I. DEATH Conditions, if on gove rise to in couse 101, stat underlying cou PART 2. OTHER SIG 190 DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING (IF ETHER, NOTHEY MED 21d. INJURY OCCU WHILE NOTHEY MED 21d. INJURY OCCU 220.1 certify that (saw the dece obove, (1) (200) | | 21e. PLACE OF INJURY | | | | | OUNTY | STATE |
| 21d. INJURY OC | | LAT HOME STREET EACTORY | OFFICE EARLY ETC.) | STREET | CITY OF TOWN | | | |
| | OT WHILE | (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC.) | STREET | CITY OR TOWN | C | | |
| AT WORK | AT WORK | | Ann | STREET | CITY OR TOWN | 7 10 | 79 | |
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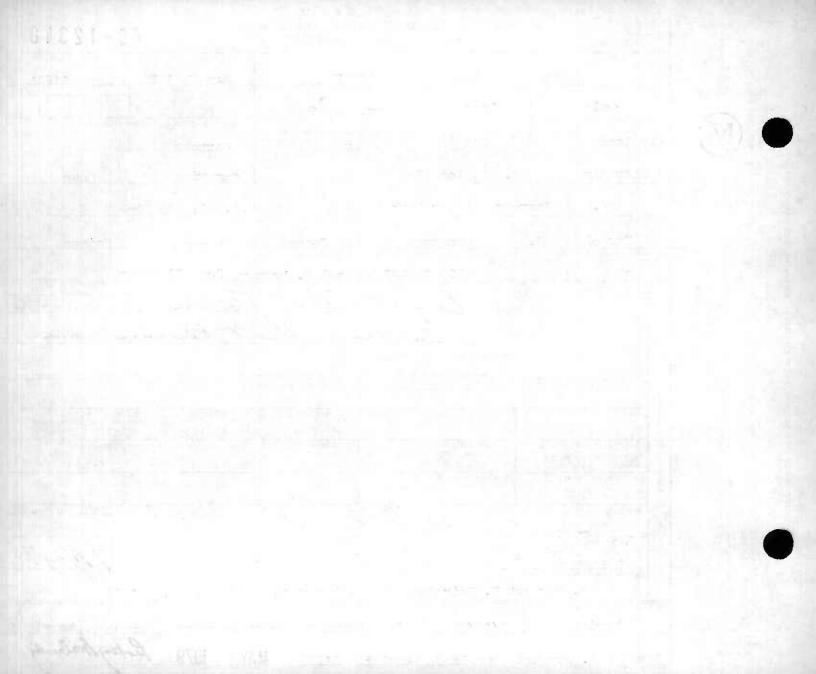
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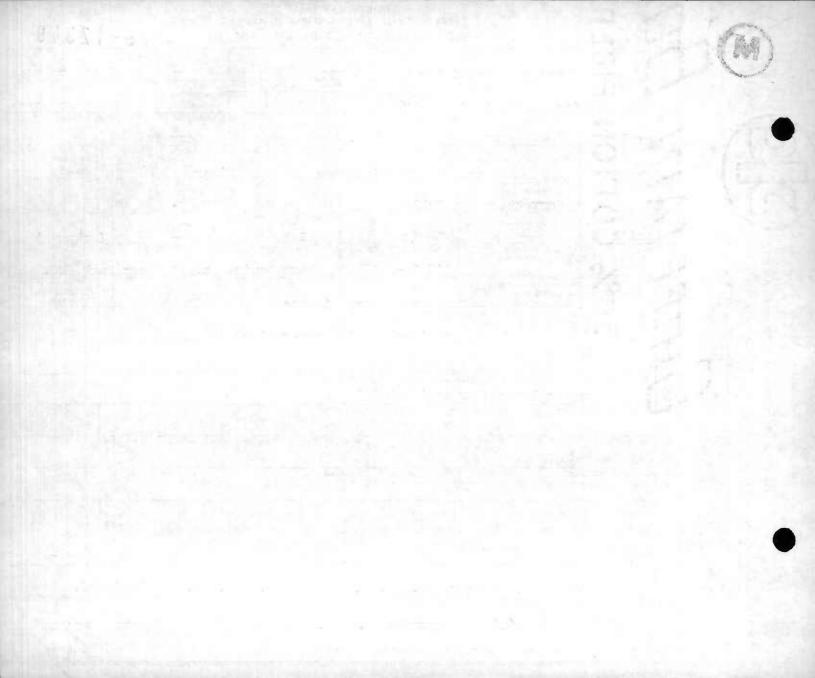
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DHMH - 16 50M 1/76 (VR A 15 (4))

Bradley A. Stewart

BP.





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

| 1 - | FOR STATE REGISTRAR | | | DEPARIM | | EALTH AND MENTAL HY ICATE OF DEATH | OILINE | | 75 | 3-12 | 336 |
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| | OR PRINT) | | | | | | | | | | |
| | | ertha | | | | ente | May | | | 79 | # UNDER |
| 3 SEX | (| 4. R | RACE | | 5. DATE O | | | EARS LAST BIRTHDA | (Y) | MONTHS DAYS | HOURS |
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| CO | Md. | | USA | Like to the | WIDOWE | | - | cett C | _ | | |
| 10 CI | TY OR TOWN OF DEA | ATH 11. | NAME OF | HOSPITAL, NURSIN | | R OTHER INSTITUTION | 12a USUAL | OCCUPATION | | 126. KIND | |
| | | | | ICH FACILITY, GIVE STREET | | | | K FOR MOST OF WO | ORKING LI | FE) INDUSTRY | vy |
| | akland | | | | | rial Hospit | al | | | 42000 | |
| 13a S | AL RESIDENCE (IF NURS | 1136 COUNTY | HER INSTITUTION | 13c. CITY OR TOW | N I | 134. INSIDE CITY LIMITS? | 13e. STREET | ADDRESS | | | |
| P | Pa. | Somers | et | Meyersda | le | YES NO | 413 | 2nd Ave | €. | | |
| 14 FA | THER'S NAME | | | | | 15. MOTHER'S MAIDEN N | AME | *************************************** | | | .07 |
| | Anthony | MIDD | OLE | Foorenti | no | Domenic | a | MIDDLE | | D'Arer | ia |
| 160 VA | VAS DECEASED EVER | IN II S ARMEI | D FORCES? | | | 17. INFORMANT | | ADDRESS | | | |
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| z | gove rise to imm couse (o), statin underlying couse | mediate ng the last. | (b)_ DUE TO, (| or as a consequence Arterio | ENCE OF SUCIO | , | MULAN RMINAL DISEAS | | | IVEN IN PART I | (0) |
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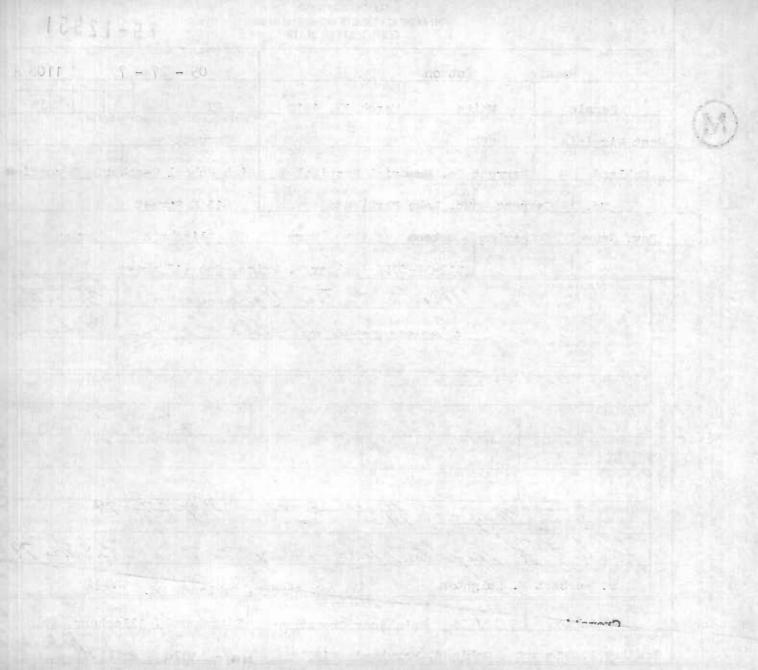
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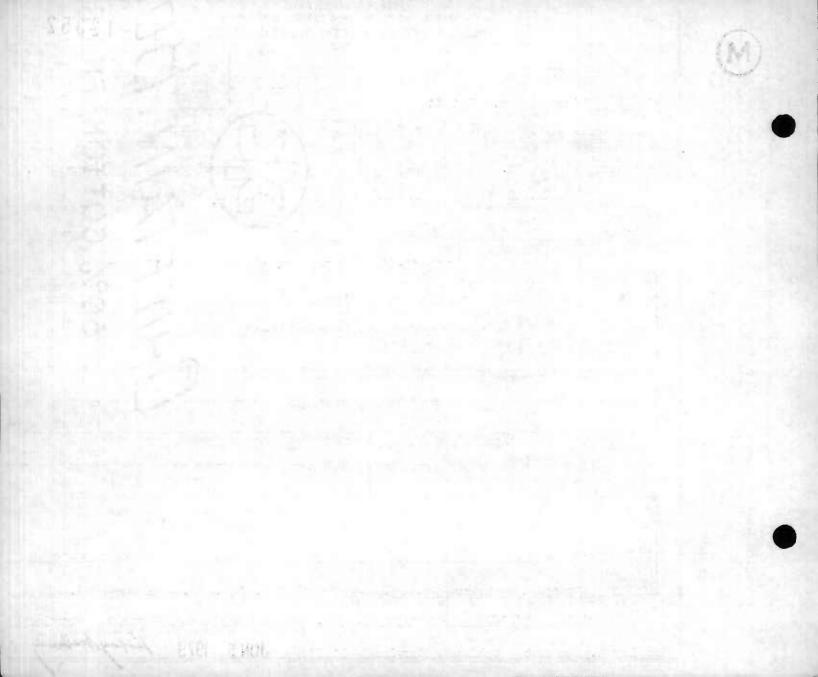
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BP

Price Funeral Home



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST 1. DECEASED NAME 7h HOUR 20. DATE KNOWN TYPE OR PRINTS OF ESTI-DEATH MATED 5 5A M 28 1979 Howard Dale SHAHAN 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 3 SEX 5. DATE OF BIRTH DATE PRESTON STR LAST BIRTHDAY RONOUNCED DEAD 28 1079 9A M Male White Sept. 27,1911 67 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED EOREIGN COUNTRY) Garrett WIDOWED [DIVORCED West Virginia USA SHOULD BE FILED, N. RECORDS, 301 W. II. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFET #4, Box 48-A Deer Park Assemblyman Meter Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Rt. #4. Box 48-A Md. Garrett YES [Deer Park NO E 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES FORM PM S 1 AND 2 MIDDLE LAST MIDDLE Charles Lonnie Shahan Bolvard Zona 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS DIVISION IYES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATEST Lena G. Shahan, See #13above 213-12-9748 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (o) Coronary artery disease Years DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b) Arteriosclerosis, generalized gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO P YES BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND. 21; 720 I certify that took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Natural coures X death resulted from Accident Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL DATE - 28-79 DEPUTY SIGNATA MEDICAL EXAMINER EXAMINER'S NAME (TYPE-OR PRINT) James H. Feaster 2nd. St., Oakland, Md. 73c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION COUNTY STATE burial 5/31/79 Maryland Garrett Co. Mem. Gardens Oakland Garrett. DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VR A15 ME (5)) Bradley A. Stewart Oakland, Maryland 21550



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|--|---------------|---------------------------|------------------|------------------------------|-----------------|----------------|-------------|-----------------|--------------|---------------|-----------------|-----------------|---------------|---|----------|
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| 21201 IF ANY DEL. 3. RETAIN P SHOULD BE I RECORDS, | 13a. S | TATE | 134 COUN | TY | | OR TOWN | ON) | 13d. INSIDE CIT | Y LIMITS? | 13e. STREET A | DDRESS | | | | |
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| EDICAL TE THE TE THE A SHOUNERAL DEATH, ORE, M | | | | | | | | | | | | 2/12 | | YEAR 26 HOU 1979 9A YEAR 26 HOU 179 5P DEATH NO OF BUSINESS RINDUSTRY Factory Md. 2153 Md. 2153 PPROXIMATE INTERVAL WEEN ONSET AND DEAT ears NUTOPSY? YES \(\sqrt{N}\) NOX | |
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| TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO TUNERAL DIRECTOR: PATTE DEATH, WITH THE ST EXAMINORE, MARYLAND, 21; | 23a.B | URIAL, CREMAT | ION,REMOVAL 2 | 3b. DATE | | NAME OF CEA | | | | 123d LOCATI | ON | | | | |
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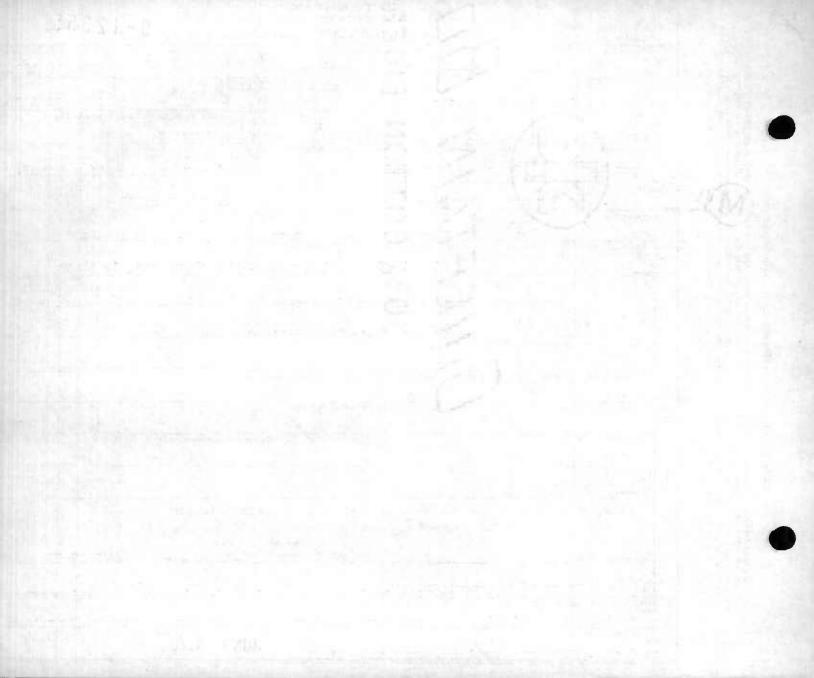
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon popel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-12356

| | REGISTRAR | | | | CERTII | FICATE OF DE | ATH | REG. I | 10 | , , | 527715 | |
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| 14. FA | ATHER'S NAME | | | | | 15. MOTHER'S A | | ΛE | | 21021 | | |
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| | obove, (I) (well die | d) (did no | view the body | ofter death. | , ° | | , opinion (| and accourage out 100 | oute ond n | | - | |
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